



COUNTY OF GLOUCESTER APPLICATION FOR SUMMER EMPLOYMENT

FOR HUMAN RESOURCES OFFICE USE ONLY

NO APPLICATION WILL BE PROCESSED OR CONSIDERED UNLESS COMPLETED IN FULL

TODAY'S DATE YEAR _____/MONTH _____/DAY _____

NAME _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(NUMBER and STREET)

(CITY or TOWN) (STATE) (ZIP) TELEPHONE HOME _____
CELL _____
EMAIL _____

(MUNICIPALITY)

ARE YOU UNDER THE AGE OF 18? YES OR NO If you checked yes, please list your age _____
(THE ABOVE INFORMATION IS NECESSARY TO DETERMINE IF PROSPECTIVE EMPLOYEE WILL NEED WORKING PAPERS)

SUMMER POSITION DESIRED: *SOME POSITIONS MAY REQUIRE EXPOSURE TO ANIMALS & OUTDOOR ACTIVITY

1. _____ FULL TIME _____ PART-TIME _____
2. _____ DATE AVAILABLE _____

POSITIONS SHALL REQUIRE PRE-EMPLOYMENT POST-OFFER BACKGROUND CHECKS AS REQUIRED BY LAW.

| | | | | |
|---|---|-----|----|---|
| 1 | HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY US? | YES | NO | SOME DEPTS REQUIRE EXPOSURE TO ANIMALS & OUTDOOR FACILITIES |
| | | | | DEPARTMENT DATE |
| 2 | DO YOU HAVE ANY ALLERGIES? | | | IF YOU ANSWERED YES, PLEASE LIST ALLERGIES |

EDUCATION

| EDUCATION / TRADE | GRADUATED (PLEASE INDICATE YES OR NO BELOW) | MAJOR STUDY | TYPE OF DEGREE | G.P.A. |
|---|---|-------------|----------------|--------|
| HIGHEST GRADE COMPLETED – (IF YOU ARE STILL IN HIGH SCHOOL, PLEASE LIST WHAT SCHOOL YOU CURRENTLY ATTEND) | | | | |
| COLLEGE OR UNIVERSITY (IF APPLICABLE) | | | | |
| BUSINESS OR TECHNICAL (IF APPLICABLE) | | | | |

Summer 2021

EMPLOYMENT RECORD

| NAME, ADDRESS AND PHONE # OF EMPLOYER | DATES MO.-YR. | DESCRIBE THE WORK YOU DID | REASON FOR LEAVING |
|---------------------------------------|---------------|---------------------------|--------------------|
| | FROM: | | |
| | | | |
| | TO: | | |
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| PHONE: | | | |
| SUPERVISOR: | | | |
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| PHONE: | | | |
| SUPERVISOR: | | | |

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE BY NO. WHICH ONE(S) YOU DO NOT WISH US TO CONTACT _____

LIST ANY TECHNICAL OR BUSINESS SKILLS WHICH YOU THINK WILL FIT YOU FOR WORK WITH US:

LIST ANY FRIENDS WORKING FOR US: _____

LIST ANY RELATIVES WORKING FOR US: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

| NAME AND OCCUPATION | ADDRESS | PHONE |
|---------------------|---------|-------|
| | | |
| | | |
| | | |

GLOUCESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER UNDER THE LAW.

I CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM APPOINTED ON THE BASIS OF ANY MISSTATEMENT HEREIN, I SHALL BE SUBJECT TO REMOVAL.

SIGNATURE

DATE

COUNTY OF GLOUCESTER EQUAL OPPORTUNITY DATA FORM

The County of Gloucester prohibits discrimination on the basis of race, color, religion, national origin, gender, sexual orientation, past or present disability, ancestry, age, marital status, parental status or military status, and is committed to compliance with the Civil Rights Act of 1964, the Educational Amendment Act of 1972, Section 504 of Rehabilitation Act of 1973 and applicable New Jersey civil rights laws and regulations. For questions concerning compliance, contact the Gloucester County EEO Training Coordinator at (856) 384-6991.

ALL INFORMATION REQUESTED BELOW IS COMPLETELY VOLUNTARY. REFUSAL TO PROVIDE INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION PROVIDED WILL NOT BE PART OF YOUR APPLICATION FOR EMPLOYMENT AND WILL NOT BE AVAILABLE TO ANY DEPARTMENT CONSIDERING YOU FOR EMPLOYMENT. THIS INFORMATION IS REQUESTED FOR REPORTING PURPOSES ONLY.

DATE FORM COMPLETED: ___/___/___ SEX: Male ___ Female ___ Other ___

RACE/ETHNIC ORIGIN (Please see definition) ___ Asian ___ Hispanic or Latino
 ___ American Indian or Alaskan Native ___ White
 ___ Black or African American
 ___ Native Hawaiian or Other Pacific Islander
 ___ Two or More Races (please identify) _____

INDICATE TYPE OF POSITION(S) DESIRED: ___ Secretarial/Clerical ___ Administrative/ Management
 ___ Engineering ___ Labor/Heavy Equipment
 ___ Technical/Paraprofessional ___ Building Maintenance/Service
 ___ Other _____

Definitions of Race/Ethnic Groups

The race/ethnic groups for State statistics and Federal reporting are defined as follows:

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

HISPANIC or LATINO: A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TWO OR MORE RACES: a person who primarily identifies with two or more of the above race/ethnicity categories.